



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600006

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRATERNAL ORDER OF EAGLES #747

DOING BUSINESS A

ADDRESS 71 CITY HALL AVE.

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: KIBORT, ROBERT TYPE OF LICENSE: Club
A

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCES ON BOTH SIDES OF BLDG AND REAR ENTRANCE TO KITCHEN AND
DELIVERY ROOM. TWO ROOMS, WALK IN COOLER FOR STORAGE AND STOCK ROOM.
FIRST FLOOR HAS 6 ROOMS STOCK, KITCHEN, CARD, COUPLES AND TV ROOM. BAR ON
FIRST FLOOR WITH TAP AND BOTTLE, BAR ON 2ND FLR 18' BOTTLE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600007

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GARDNER FISH & GUN CLUB, INC.

DOING BUSINESS AS

ADDRESS CLARK STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: TILTON,

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

RICHARD M.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FRONT ENTRANCES. 1ST FLR; INSIDE ENTRANCE, ONE TV ROOM, GAME ROOM, CARD ROOM, CLUB ROOM WITH BAR, MENS AND LADIES ROOMS. FIRST FLOOR; DANCE HALL WITH LADIES ROOM. BASEMENT; ONE MENS ROOM, LADIES ROOM, FUNCTION ROOM AND ONE EXIT IN BASEMENT

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LICENSE NUMBER: 043600008

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOB MARTIN'S BAR INC.

DOING BUSINESS A SOUTH GARDNER HOTEL

ADDRESS 008-12 EAST BROADWAY

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: JOHNSON, PAUL TYPE OF LICENSE: Innholder
R.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 ENTRANCES, ONE EXIT WEST SIDE, TWO EXITS NORTH SIDE FIRST FLOOR WITH FIVE
ROOMS AND TWO BATHROOMS. 2ND FLR WITH 12 ROOMS AND 2 BATHROOMS

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600010

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GARDNER POST #129 AMERICAN LEGION, INC.

DOING BUSINESS AS

ADDRESS 22 ELM STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: KELLEY, DANIEL J. TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FOUR ROOM CLUB(BAR,LOUNGE,TV ROOM,GAME ROOM) ONE FRONT ENTRANCE,ONE EXIT. CELLAR FOR STOCK. BASEMENT, ONE ROOM TWO EXITS. BAR ON FIRST FLOOR, COCKTAIL LOUNGE 20 FT LONG. BAR IN PARTY ROOM ALSO 20 FT LONG

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600012

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C.B.&B., INC.

DOING BUSINESS AS COLONIAL HOTEL

ADDRESS 625 BETTY SPRING ROAD

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: MOORSHEAD,
NICOLE

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE HOTEL. 1ST FLR; MAIN DINING ROOM AND LOUNGE, WITH OUTSIDE PATIO RESTAURANT AND ENCLOSED POOL AREA. 1ST FLR FUNCTION ROOMS WITH RECEPTION AREA IN FRONT OF EACH. TWO BOARD ROOMS WITH RECEPTION ROOM IN AREA IN FRONT OF EACH (2ND FLR) RENTED ROOMS ON BOTH FLRS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600013

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARAMOUNT CAFE OF GARDNER, INC

DOING BUSINESS AS

ADDRESS 46 MAIN STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: MOUTSOS, PETER TYPE OF LICENSE: Restaurant
S.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS, ONE FRONT ENTRANCE, ONE REAR EXIT AND ONE CELLAR. BAR 20' LONG,
FULLY EQUIPPED

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600016

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WEST END BEAGLE CLUB INC.

DOING BUSINESS AS

ADDRESS OFF CLARK STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: BOUCHARD,
NORMAND

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

15 FT BAR, ONE ENTRANCE, TWO EXITS, CELLAR FOR STOCK

I hereby certify and swear under penalties of perjury that:

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LOCAL LICENSING AUTHORITY

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600018

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GARDNER LODGE #1426 B.P.O. ELKS, INC.

DOING BUSINESS AS GARDNER LODGE #1426 B.P.O. ELKS, INC.

ADDRESS 31 PARK

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: BOYD, JOSEPH B. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; CLUB ROOM, GAME ROOM, DANCE HALL, LADIES LOUNGE, POOL ROOM AND LIQUOR ROOM. 2ND FLR; 2 OFFICES, MEETING ROOM, BASEMENT HALL, STOCK, BINGO ROOM, SUPPLY ROOM, BOILER ROOM, KITCHEN. 3 BARS ON PREMISE TWO UPSTAIRS, ONE ON MEMBERS SIDE AND ONE ON FIRST FLR HALL SIDE.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600019

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE NAPOLEON CLUB INC.

DOING BUSINESS A

ADDRESS 271 PARK ST.

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: MICHAUD, KENNE TYPE OF LICENSE: Club
TH E.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM GROUND LEVEL, ONE ROOM BASEMENT, ONE STOCK ROOM, ONE BOILER
ROOM, BAR ON SOUTH SIDE OF BUILDING

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600022

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ACADIAN SOCIAL CLUB

DOING BUSINESS A

ADDRESS 193 PARKER STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: CORMIER,
ROBERT

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE OR EXIT ONLY, TWO EXITS/ENTRANCES ON WEST SIDE, TWO ENTRANCES ON EAST SIDE, FOUR ROOMS ON FIRST FLOOR, ONE ROOM IN CELLAR PLUS STOCK ROOM IN CELLAR. BAR IN FRONT ROOM, TWO COOLERS, ONE DRAFT TAP ALTER PREMISE TO ASS; OUTSIDE FENCED AREA APPROX. 3,800 SQ. FT. FENCED 6FT. IN AREA WITH BARBECUE PIT, HORSE SHOE PITS 2 AND FIVE PICNIC TABLES.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600023

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JORBELLA FOODS LLC

DOING BUSINESS AS

ADDRESS 632 PARKER STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD STRUCTURE WITH ALUMINUM SIDING AND ROOF. THREE ROOMS AND
RESTROOM WITH FULL CELLAR AND ADDITIONAL BACK ROOM. COOKING AREA
EATING AREA WITH TABLES AND BOOTHS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600024

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DK BROTHERS INC.

DOING BUSINESS AS GINGER & WASABI RESTAURANT

ADDRESS 360 TIMPANY BLVD.

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: HUANG, YONG
LAI

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR PREMISES LOCATED AT 360 TIMPANY BLVD., GARDNER USED FOR THE PURPOSE OF CONDUCTING A RESTAURANT.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600026

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STANLEY'S LUNCH INC.

DOING BUSINESS AS STANLEY'S LUNCH

ADDRESS 231 PLEASANT STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: PIONTEK,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE, TWO SIDE EXITS, TWO ROOMS INCLUDING KITCHEN, ALSO
CELLAR FOR STOCK

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600027

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P.A.C.C.,INC.

DOING BUSINESS AS POLISH AMERICAN CITIZEN'S CLUB

ADDRESS 171 KENDAL POND W.

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: GEMBORYS,
BRUCE C.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

11760 S/F SINGLE STORY, FREE STANDING STRUCTURE W/ KITCHEN, OFFICE, MEMBERS BAR, FUNDTION HALL, MECHANICAL ROOM, FRONT ENTRY, 7 ENTRANCE/EXITS, 4 RESTROOMS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600028

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILLIAMS RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 184 PEARSON BLVD.

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: VASILADIS,
CHRIS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH THREE ROOMS, DINING ROOM, PARTY ROOM, COCKTAIL LOUNGE
AND KITCHEN. TWO BATHROOMS, PLUS RESTROOMS FOR EMPLOYEES ONLY. STORAGE
ROOM, BAR IN COCKTAIL LOUNGE IS 20' LONG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600029

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAPA GINO'S ACQUISITION CORP.

DOING BUSINESS AS PAPA GINO'S

ADDRESS RTE 68 TIMPANY PLAZA

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: BROUILLET,
CATHERINE JEAN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3,328 SQ FT. STREET LEVEL REST. LOCATED WITHIN MULTI- TENANT STRIP SHOPPING PLAZA 9TIMPANY PLAZA0 HAVING A KITCHEN, CUSTOMER SERVICE COUNTER AREA, 120 SEAT DINING ROOM, FOOD PREP/ STORAGE AREA, 2 HANDICAP ACCESSIBLE PUBLIC RESTROOMS & 4 MEANS & EMERGENCY EGRESS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600030

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COLUMBIANS, INC. OF GARDNER

DOING BUSINESS AS

ADDRESS 110 SOUTH MAIN ST.

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: THERIAULT,
JIMMY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS, NO CELLAR, ALL ON ONE FLOOR, FIVE ENTRANCE /EXITS, BAR TO SIDE OF
BACK ROOM, THREE BAY SINKS, ONE SERVICE SINK, ONE DRAFT COOLER, ONE BEER
COOLER, ONE REFRIGERATOR , HOT AND COLD WATER . FENCED IN BACK AREA OF
BLDG TO BE ADDED FOR OUTSIDE SEATING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600031

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHOW & ZANG CORPORATION

DOING BUSINESS AS YEN YEN

ADDRESS 42 PEARSON BLVD.

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: ZANG, JIMMY
KEMING

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT CONTAINING TOTAL OF 3200 SQ FT OF SPACE, ONE DINING ROOM,
RESTROOMS, KITCHEN AND RECEPTION AREA. BAR, BEVERAGES HAS TABLE SERVICE
ONLY. 80 PERSON OCCUPANCY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600032

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WINDSOR CAFE, INC. OF GARDNER

DOING BUSINESS AS

ADDRESS 560 W. BROADWAY

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: LEBLANC,
ANNETTE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600033

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTHWEST FRESH INC

DOING BUSINESS AS SOUTH SIDE GRILLE AND MARGARITA FACTORY

ADDRESS 242 WEST BROADWAY

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: COCCI, EILEEN B. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONTAINING THREE ROOMS, THREE BATHROOMS, STORAGE SPACE FOR STOCK IN KITCHEN. ONE STORY BLDG. SUNROOM ADDITION

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600034

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OVILA CASE POST 905 VETERANS OF FOREIGN WARS, INC.

DOING BUSINESS AS

ADDRESS 174 WEST STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: Cyr, Francis W.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BAR ROOM, COAT ROOM, MEETING HALL, LIQUOR STORAGE ROOM, CARD ROOM, POOL ROOM AND DUAL OFFICE. BAR 40' LONG, REGULAR BAR EQUIPMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600036

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANTHONYS PACKAGE STORE, INC

DOING BUSINESS AS ANTHONY'S LIQUOR MART

ADDRESS 12 PEARSON BLVD

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: KRASKOUSKAS, TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
JAMES P.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS STREET FLOOR ONE FRONT DOOR, ONE SIDE DOOR, ONE OVERHEAD DOOR
IN REAR FOR RECEIVING. ONE REAR DOOR FOR EMERGENCY EXIT AND CELLAR FOR
STOCK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600037

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAI HO CORPORATION

DOING BUSINESS AS BRAZELL'S PACKAGE STORE

ADDRESS 201 PLEASANT ST

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: PATEL, PARESH

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS FIRST FLOOR, ONE ROOM SECOND FLOOR AND CELLAR FOR STOCK. ONE FRONT ENTRANCE, ONE SIDE ENTRANCE, ONE REAR ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600038

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOSTER'S LIQUORS CORPORATION

DOING BUSINESS AS GARDNER SPIRITS

ADDRESS 364TIMPANY BLVD.

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: FOSTER,SHAWN R.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5140 SQ. FT OF LEASES SPACE ON GROUND FLOOR OF A SHOPPING PLAZA.THE PRIMARY ENTRANCE IS AT THE FRONT WITH A SECOND ENTRANCE AT THE BACK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600039

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANDER'S INC

DOING BUSINESS A MILLSTREAM LIQUORS

ADDRESS 20 TIMPANY BLVD

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: ANDERSON, ALAN TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEPARATE RETAIL SPACE NEXT TO VICTORY SUPERMARKET

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600040

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MADE INC

DOING BUSINESS AS BEAUREGARD LIQUORS

ADDRESS 11 WEST ST

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: MORRILLY,
MICHAEL

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS, TWO RESTROOMS, ONE FRONT ENTRANCE AND ONE SIDE ENTRANCE, ONE
DELIVERY DOOR IN STORAGE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600041

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GARDNER DEER CLUB, INC.

DOING BUSINESS A Gardner Deer Club

ADDRESS 221 HIGH ST.

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: Hachey, Jean Paul

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH 2 ENTRANCES/EXITS. THREE ROOMS, ACTIVITY ROOM,
KITCHEN AND BAR. STORAGE ROOM BEHIND THE BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600042

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GARDNER DEEP SEA CLUB, INC.

DOING BUSINESS AS

ADDRESS 26 NICHOLS ST.

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: LEBLANC,
EDMOND J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS FIRST FLOOR-KITCHEN 15'X10', BAR AREA 20'X10' AND HALL AREA 40'X15'
WITH TWO ENTRANCES/EXITS (ONE FRONT NICHOLS STREET AND ONE REAR 26
NICHOLS STREET) AND CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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239 Causeway Street
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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600046

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SALMA CORPORATION

DOING BUSINESS A BURKE'S MARKET

ADDRESS 236 PARK STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: KHAN,SANNY

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE ON PARK ST. REAR EXIT ONTO PARKING LOT, 2 STORY BLDG; FIRST
FLOOR OCCUPIED BY CONVENIENCE STORE; 2ND FL. RESIDENT; ONE APARTMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600049

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHORT STOP CONVENIENCE STORE, INC.

DOING BUSINESS AS

ADDRESS 3 PINE ST.

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: BRIGGS, LISA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NEIGHBORHOOD CONVENIENCE STORE WITH DELI, LOTTERY NO GAS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600051

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MOON HILL BREWING COMPANY, INC.

DOING BUSINESS AS GARDNER ALE HOUSE

ADDRESS 74 PARKER

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: WALTON,
RICHARD J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5,500 SQ.FT. COMMERCIAL BLDG. WHICH CONSISTS OF ONE MAIN DINING AREA AN
OPEN GRILL COOKING AREA, ONE PRIMARY KITCHEN, ONE PUB/BAR ROOM. TWO
HANDICAPPEK BATHROOMS/WASHROOMS. ONE EGRESS AT STREET LEVEL IN FRONT OF
BUILDING AND TWO EGRESSES FROM REAR OF BUILDING. ONE REAR EGRESSIS
THROUGH THE KITCHEN AREA. THE BUILDING ALSO HAS A BASEMENT WITH TWO
EGRESSES AT THE REAR OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600053

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JASON HEBERT

DOING BUSINESS AS JAY'S VARIETY

ADDRESS 32 EAST BROADWAY

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: HEBERT, JASON

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600061

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHRIS VASILADIS

DOING BUSINESS A 1772 HOUSE

ADDRESS 152 EATON STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: VASILADIS,
CHRIS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 40X40 WHITE FARM HOUSE BLDG PLUS DECK W/FIRST & SECOND FLOOR...FIRST FLR HAS ONE SOUTH AND NORTH FACING ENTRANCE/EXIT...A SECOND SOUTH FACING FIRST FLR ENTRANCE LEADS TO A STAIRWAY LEADING TO SECOND FLR...SECOND FLR HAS A WEST FACING ENTRANCE/EXIT ONTO 20X20 DECK...THE PREMISES ALSO INCLUDES THE GROUNDS OF THE GARDNER MUNICIPAL GOLF COURSE FOR THE PURPOSE FOR SELLING BEVERAGES TO PATRONS....

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600062

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHAIR CITY INC.

DOING BUSINESS AS

ADDRESS 221 MAIN STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: JABER, HASSAN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2700 SQ FT..HAVING ONE ENTRANCE ON THE EAST SIDE AND ONE ON THE WEST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600063

CITY OR TOWN GARDNER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JIGISHA CORP.

DOING BUSINESS A SOUTH GARDNER MINI MART

ADDRESS 94 S. MAIN STREET

CITY/TOWN: GARDNER

STATE: MA

ZIP CODE: 01440

MANAGER: PATEL,
CHINUBHAI B.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK BUILDING WITH 1275 SQ FT OF RETAIL SPACE..MAIN ENTRANCE ON
SOUTH MAIN STREET AND SECOND EXIT ON DRAFT STREET...FULL BASEMENT FOR
STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: